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## SUMMARY OF DEFECTS FOUND

	Good.	Fair.	Poor.	Total.
Alimentary system .....	1,022	222	130	1,374
Respiratory system .....	942	235	122	1,299
Circulatory system .....	98	83	43	224
Genitourinary system .....	63	38	24	125
Cutaneous system .....	92	17	23	132
Glandular system .....	571	116	55	742
Nervous system:				
General .....	54	19	18	91
Eyes .....	332	83	29	444
Ears .....	108	18	11	137
Articular and muscular .....	194	50	21	265
Deformities .....	36	10	12	58
Total .....	3,512	891	488	4,891

*Summary of Number of Operations Needed.*

Alimentary system .....	148
Respiratory system .....	416
Genitourinary system .....	45
Cutaneous system .....	7
Glandular system .....	50
Nervous system—general .....	3
Nervous system—special senses, eyes.....	37
Nervous system—special senses, ears.....	25
Articular and muscular systems.....	2
Deformities .....	1
Total .....	734

The foregoing lists, it will be observed, do not include dental work, of which there is a vast amount indicated, as over half of the total number of men admitted had carious teeth; nor do they include refraction and fitting of glasses for at least 200 prisoners.

## CONCLUSIONS.

1. The solution of the medical problem of the prison lies, to a great extent, in the recognition and treatment of pathological conditions at the time of admission of each inmate.

2. The medical staff of the prison, consisting of only two physicians, is much too small to take care of this immense amount of work. As a matter of fact, a staff of two is inadequate to perform a major operation.

3. There should be provided an adequate general medical and surgical staff, as well as specialists in the various branches.

4. This work could best be accomplished through a central clearing house to which all prisoners should first be committed for individual examination, study, diagnosis, and treatment, before being assigned to any particular institution.—Abstracted from article by Dr. Frank L. Heacox of Auburn Prison in *New York Medical Journal*, Jan. 13, 1917. Copyrighted by the A. R. Elliott Pub. Co.

**Syphilis a Factor In Cause of Insanity.**—Although the state of California cared for 10,331 insane patients during 1916, providing them with the very best of care, there is almost nothing done in the prevention of insanity. The insane in California receive the best of care. This is certainly as it should be, for these unfortunates are entitled to the very best of treatment. While

the care of the insane is important, the prevention of insanity should receive even greater attention. One of the most important of the preventable causes of insanity is syphilis. The superintendent of California State Hospitals states that 1,010 patients out of 6,935 admitted to state institution in the last two years were syphilitic—14.5 per cent. He states further, "In not all persons admitted who are syphilitic is it possible to connect the mental trouble with the syphilitic disease, but of the 1,010 syphilitics admitted 554, or 54 per cent, were victims of parietic dementia, a definite result of syphilis and an incurable and fatal form of mental trouble. Thus out of the 6,935 cases admitted, 553, or 8 per cent, were parietics with syphilis as the undoubted cause. Not more than 2 or 3 per cent of syphilitics develop parietic dementia, but the latter is such a hopeless and fatal form of disease that prevention of the cause is of vital importance." While there are many other factors entering into the cause of insanity, this one is of special importance from the public health point of view.—*California State Board of Health Bulletin*. From *Public Health*, March, 1917, Lansing, Mich.

**Syphilis and Society.**—Obviously it approaches the platitudinous to state that venereal diseases are a menace to society. It would be no exaggeration to assert that these diseases are the greatest source of danger to health known, and that if they could be stamped out, or even effectively controlled, the world would not only be a better place in which to live, but much suffering by the innocent would be avoided. The control of venereal disease is essentially a public health problem, and one of which a successful solution seems almost impossible. In Europe conditions have greatly increased the prevalence of these so-called society diseases, and efforts are being centered upon the determination of means whereby the "plague" may be stayed.

In America the problem is becoming quite as serious, especially since the measures taken to check the spread of syphilis and gonorrhea have not met with any conspicuous success.

With regard to the regulation of syphilis, we may well ask, why is it that the question presents so many and seemingly insurmountable difficulties? Much is known concerning the disease, probably more than is known of any other single malady. As Dr. William Allen Pusey points out in the very excellent January number of the *American Journal of Syphilis*—a new publication of a very high order devoted to this particular disease—we are acquainted with all the essential facts which are necessary to an intelligent sanitary attack upon it. Indeed there is at our disposal the means for an overwhelmingly strong sanitary campaign against the disease. At the outset it may be conceded that if syphilis were a purely medical problem, there would be no particular necessity to provide for its effective sanitary control; inasmuch as this is not the case, it is difficult to understand why measures of known efficiency have not been more actively employed. It would appear that the necessary steps in this direction should be taken without delay. The truth of the situation really is, however, that syphilis is more than a sanitary problem, and it is this which has presented the chief stumbling block to the realization of success in the struggle with this disease. As a matter of fact, it is as much a social question as a sanitary one, and on account of the disease being in the main venereal in origin, concerns man in his most intimate social relations. The victim of the malady, even though innocent, as a consequence of the invariable suspicion